

Patient Delivered Therapy: An Additional Means for Addressing the Chlamydia Trachomatis Problem

An amendment to the medical practice rules [880-2-.14(9)] of the Board of Medical Examiners (BME) that goes into effect in December 2002, will permit physicians (and those functioning under their protocols and supervision with the legal authority to write or dispense prescriptions) to dispense antibiotic therapy for the sexual partners of patients infected with *Chlamydia trachomatis* (Ct), even if they have not been able to perform an exam of the patient's partner(s). Health care providers will be able to write a prescription both for the patient and his/her sex partner(s) from within the past 60 days of the onset of symptoms or positive diagnostic test results.

The rule amendment proposal was initiated by the Tennessee Department of Health in order to provide an additional means of addressing the problem of Ct in the state. Since 1995, an average of approximately 13,000 cases of Ct has been reported annually in Tennessee. According to CDC estimates, tens of thousands are not identified each year in the state because many infected people are asymptomatic. Approximately 75 percent of infected women and 50 percent of infected men have no symptoms.

In 2001, over 75 percent of the cases were identified in females and teenage girls represent more than one third of the reported cases. When left untreated, Ct can cause serious reproductive problems. Up to 40 percent of women with untreated Ct will develop pelvic inflammatory disease (PID). Genital chlamydia infection is the leading cause of chronic pelvic pain, ectopic pregnancy and preventable infertility in women. Also, numerous studies have revealed that untreated Ct can increase a woman's risk of cervical cancer and also increase the risk of infection with HIV.

Data suggest that repeat chlamydia infections place women at a significantly increased risk of developing upper reproductive tract complications and infertility. Studies indicate that the single most important risk factor associated with recurrent chlamydia infection in women is failure to treat all sex partners.

The TN Department of Health's HIV/AIDS/STD Section is responsible for overseeing the state's efforts to control and prevent sexually transmitted diseases (STD). The state does not have the staffing resources to perform partner notification (a representative of the health department notifies partners of exposure) for all STDs. In areas with the highest STD morbidity, partner notification efforts are aimed primarily at HIV and syphilis while relying on partner referral (infected patients refer their partners) for gonorrhea and Ct. A CDC study of partner-delivered antibiotic therapy revealed that this treatment method is at least as effective as partner referral in preventing re-infection.

Physicians and those who provide medical services under their responsibility and control who have first documented all of the following in the medical records for patients may provide partner treatment:

- A laboratory-confirmed Ct infection without evidence of co-infection with gonorrhea or other complications
- Provision of treatment of the patient for Ct
- An attempt to persuade the infected patient to have all partners evaluated and treated and the patient indicated that partners would not comply
- Provision of a Ct educational fact sheet to the patient and partner(s)
- Counseling the patient on sexual abstinence until 7 days after treatment and until 7 days after partners have been treated

Upon documentation in the patient's medical records of this information, physicians or those who provide medical services under their responsibility and control may either:

1. Provide to the treated patient non-named signed prescriptions for, or dispense to the patient, the appropriate quantity and strength of azithromycin sufficient to provide curative treatment for the total number of unnamed partners, OR
2. Provide to the treated patient signed, name-specific prescriptions for, or dispense to the patient, the appropriate quantity and strength of azithromycin sufficient to provide curative treatment for the total number of known partners named by the patient.

Sexual behavior assessments and STD screenings are recommended by the American Academy of Pediatrics (AAP), the American Association of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), the U.S. Public Health Task Force and the Centers for Disease Control and Prevention (CDC). In addition to the public health benefit of these practices, it is estimated that for every \$1 spent on screening and treatment saves \$12 in complications that result from untreated chlamydia.

If you would like more information, please call the Department of Health STD Program at (615) 741-7343. Go to <http://www2.state.tn.us/health/CEDS/STD/field.htm> to download reproducible fact sheets (English and Spanish) for patients and their partners.